

Mentor Exception Justification Form

Section 1 (to be completed by mentor)

Exception Number:

Date:

Student Name:

Mentor Name:

Z #:

Z #:

Phone:

Phone:

Email:

Email:

Summary of Circumstances:

(Please provide a summary of how the exception will benefit the Laboratory and the student's educational and professional goals, along with your recommendations for the exception.)

Other Comments:

Mentor Signature:

Date:

STB Line Manager Signature:

Date:

To be completed by STB-EPO

Student Status:

Updated workplan on file	Yes	No
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Current Transcript on file	Yes	No
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Fax to 505-665-4093

Mail Stop M709